

# OFFICER INITIAL UNIFORM ALLOWANCE STATEMENT

For use of this form, see AR 37-104-10; the proponent agency is  
USAFAC

1. FROM (Unit Designation, Address, PRN)

## DATA REQUIRED BY THE PRIVACY ACT

**Authority:** Title 37, USC Sections 415 to 417.  
**Principal Purpose (s):** To identify the officer's pay account and to provide a means for making application for uniform allowances.  
**Routine Uses:** To establish entitlement to officer uniform allowances.  
**Disclosure:** Voluntary; but without this information, the allowance will not be paid.

2. NAME (Last, First, MI as Shown on LES)

3. SSN (As Shown on LES)

4. GRADE

## PART A - INITIAL UNIFORM ALLOWANCE

5. I request payment of initial uniform allowance.

- ☐ a. I reported for a period of active duty in excess of 90 days as an officer of the ready reserve of a reserve component on \_\_\_\_\_.
- ☐ b. I completed 14 days of active duty, full-time training duty or active duty for training as an officer of the ready reserve of a reserve component on \_\_\_\_\_.
- ☐ c. I reported to my first period of active duty required of an officer of the Armed Forces Health Professions Scholarship Program on \_\_\_\_\_.
- ☐ d. I transferred from another reserve component that requires a different uniform on \_\_\_\_\_.
- ☐ e. I completed 14 periods of inactive duty training as an officer of the ready reserve of a reserve component on \_\_\_\_\_.

6. I have not received an initial allowance in any amount as an officer per any law other than the Armed Forces Reserve Act of 1952.

7. I have not previously applied for, except as explained in paragraphs 5d or 10, nor received any initial uniform allowance as an officer of the National Guard of the United States, Army Reserve, or Army of the United States without component under the Armed Forces Reserve Act of 1952.

8. The tour of duty on which this claim is based required the wearing of the uniform, which I have in my possession.

9. I was found to be physically qualified for active duty before the date stated in paragraph 5.

## PART B - FOR FEMALE OFFICER PERSONNEL ONLY

10. I ☐ DID ☐ DID NOT receive an issue of uniforms in kind as a commissioned officer of Women's Army Auxiliary Corps, Army Nurse Corps, or as a physical therapist or dietitian commissioned in the Army of the United States without component.

11. SIGNATURE OF OFFICER

12. DATE